



9-8-05

AF/1614  
27/05

Atty. Dkt. No. 310473-1600

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Guy Michael MILLER et al.

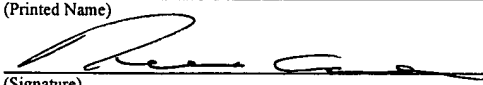
Title: METHODS FOR THE  
PREVENTION AND  
TREATMENT OF NON-  
CARDIOVASCULAR TISSUE  
ISCHEMIA USING GAMMA-  
TOCOPHEROL AND  
METABOLITES THEREOF

Appl. No.: 10/017,717

Filing Date: 12/14/2001

Examiner: P. Spivack

Art Unit: 1614

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 643 730 737 US (Express Mail Label Number)	September 6, 2005 (Date of Deposit)
Rene Campos (Printed Name)	
 (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Office Action dated May 5, 2005, rejecting Claims 41, 42, 44-64, and 98-106. The Office Action set a 3-month period for response. Together with a one-month Extension of Time, this Notice of Appeal is timely filed on September 6, 2005, (September 5, 2005 being the Labor Day Holiday.)

☒ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

09/12/2005 MAHMED1 00000099 10017717

01 FC:2401

250.00 OP

025.19010.1

09/12/2005 MAHMED1 00000099 10017717

02 FC:2251

60.00 OP

☒ To be paid as detailed below

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$620.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$310.00
	TOTAL FEE:	\$310.00

☒ Check No. 1326 in the amount of \$310.00 is enclosed.

☒ Return Receipt Postcard is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Sept. 4, 2005

By Lorna L. Tanner

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